



Send to:
Utah Division of Consumer Protection
Attention: Complaint Processor
Heber M. Wells Building, 2nd Floor
160 East 300 South, PO Box 146704
Salt Lake City, UT 84114-6704
(801) 530-6601 | (801) 530-6001 fax

Notice: This application must be filled out completely and submitted to the Division to request a hearing for the disposition of property related to a criminal investigation. If you are the original victim (original owner of stolen item), you should include a copy of your sworn statement to the criminal law enforcement agency investigating your case.

Original Victim Information			
Original Victim Name		Home telephone number	Daytime or Work telephone
Street Address			
City	State	Zip Code	E-mail Address

Pawnshop or Secondhand Merchant Information			
Name of Business Entity		Daytime telephone number	Other telephone or facsimile
Street Address			
City	State	Zip Code	E-mail Address

Investigating Law Enforcement Agency Information				
Name of police agency		Daytime Telephone number		Other telephone or facsimile
Street Address				
City		State	Zip Code	
Detective or Officer handling case			Case Number	

Who is currently in possession of the stolen property or item(s)?

☐ Pawnshop/Secondhand Merchant

☐ Law Enforcement Agency

Description of stolen property or item(s):

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Signature: _____

Please make sure a copy of the sworn statement provided to the criminal law enforcement agency in this matter is attached to this form.

Hearing date: